

## **Retail Food Establishment Inspection Report**

Floyd County Health Department Telephone:812-948-4726

XGGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The time in	mit for cori	rection of	each violation is specified in the narrative portion of	of this report.			*	
Establishm	4.1	,	· /- 1C /	Telephone Number	Date of Ir (mm/dd/y	r)	PERMIT#	
Fetablishm	Albora	(numbe	rings Colf Course rand street, city, state, zip code)		9/18	7/19	19-214	
	Grandra.		Nu Albay, 14 47150	292 - 2392	1 4	,,,	` `	
Owner	214 610	- CA	7447 1140	Purpose:	Follow-up Release Date			
Cary	Hann.	nd		Routine	YES TODAY			
Owner's A	ddress			2. Follow-up	Summary of Violations:			
				3. Complaint	3. Complaint			
Person in C	harge L Black	k		4. Pre-Operational	c <b>D</b>	NC_	<u>7</u> R. ◯ (	
Responsible			·	5. Temporary	Menu Type (See back of page)			
	•			6. HACCP	l.,			
Certified F	_			7. Other (list)	1 <u>X</u> 2	33	_45	
N/A -	· Mur	Type	<u> </u>					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIO	ON(S) REPE	ATED FRO	OM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" A	ND IN THE	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Corrected By		
142-	C-	0	barred homerands coursed refish mad	Le mailable for publica	कर <b>ात्र</b> क	Todas		
		_	no Feet from private residences al		7			
297	NL	01	Observed bulk is machine to have resting interior				1 Week	
324	NC	Of	Observed leak at bor handsink 2 weeks					
347	NC	01	Observed no hand drying provisions available I withhan handsink Today					
389	NC	(O)	Observed (2) catch bins of dirty make left in box cabinet Today					
410	NC	O	Observed missing light shields for kitchen lights 2 weeks					
411	NE	OP	Observed lights out in kitchen over 3-comp sink 2 weeks					
433	NE		beened mops not property hung t			Toda	1	
							•	
							,	
FCHD will return for follow-up inspection 10/2								
				T #4 1-1-1-				
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Received by (name and title printed):  Inspected by (name and title printed):								
Received by (signature):    Received by (signature):   Inspected by (signature):								
ai ai								
cc:   cc:   cc:								
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